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CONFIRMATION NO. 4728

SERIAL NUMBER 09/857,396	FILING OR 371(c) DATE 05/31/2001 RULE	CLASS 602	GROUP ART UNIT 3764	ATTORNEY DOCKET NO. 480032-322
APPLICANTS Joseph M. Iglesias, Agoura, CA; Eric E. Johnson, Carlsbad, CA; Tracy E. Grim, Tulsa, OK; William K. Arnold, Longmeadow, MA;				
** CONTINUING DATA ***** This application is a 371 of PCT/US97/15265 08/29/1997 which is a CIP of 08/705,218 08/29/1996 ABN				
** FOREIGN APPLICATIONS *****				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		STATE OR COUNTRY CA	SHEETS DRAWING 10	TOTAL CLAIMS 58
INDEPENDENT CLAIMS 17				
ADDRESS Alan C Rose Oppenheimer Wolff & Donnelly 233 Wilshire Blvd Suite 700 Santa Monica ,CA 90401-1207				
TITLE Comfortable orthopaedic support and the method of making the same				
FILING FEE RECEIVED 1630	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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**** FOREIGN APPLICATIONS *********** SMALL ENTITY ****

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35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

Alan C Rose
Oppenheimer Wolff & Donnelly
2029 Century Park East Suite 3800
Los Angeles, CA 90067

TITLE

Comfortable orthopaedic support and the method of making the same

FILING FEE RECEIVED
1312

FEES: Authority has been given in Paper
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<input type="checkbox"/> Other _____
<input type="checkbox"/> Credit

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SERIAL NUMBER:	09 / 857396	RECEIPT DATE:	05 / 31 / 01
IA NUMBER:	PCT/ US97 / 15265	IA FILING DATE:	08 / 29 / 97
FAMILY NAME:	IGLESIA	DELAY WAIVED (Y/N):	N
GIVEN NAME:		DEMAND RECEIVED (Y/N):	N
PRIORITY CLAIMED (Y/N):	N	PRIORITY DATE:	00 / 00 / 00
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	480032-322	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
			FAX
NAME:	ALAN C ROSE		
	OPPENHEIMER WOLFF & DONNELLY		
STREET:	2029 CENTURY PARK EAST SUITE 3800		
CITY:	LOS ANGELES		
STATE/COUNTRY:	CA	ZIP:	90067
EMAIL:			
APPLICATION TITLES:			
	COMFORTABLE ORTHOPAEDIC SYPPORT AND THE METHOD OF MAKING THE SAME		

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